

FEMA FORM 85-21 CLAIM CHECKLIST

(Subdivision Name)	(Period Covered)
<input type="checkbox"/> Claim is being submitted to State Office no later than 15th of month after end of billing period.	<input type="checkbox"/> No State tax included on invoices (except lodging receipts).
<input type="checkbox"/> Two (2) copies of FEMA Form 85-21 attached.	<input type="checkbox"/> Invoice purchase date within fiscal year.
<input type="checkbox"/> Certification and signature on FEMA Form 85-21.	<input type="checkbox"/> State tax for gas and oil deducted.
<input type="checkbox"/> Check number or other proof of payment on FEMA Form 85-21.	<input type="checkbox"/> Discounts taken.
<input type="checkbox"/> One (1) copy of payroll (State Merit System) attached, <u>signed by Chief Financial Officer or Executive Officer.</u>	<input type="checkbox"/> Repairs for administrative equipment or vehicles only.
<input type="checkbox"/> One (1) copy of payroll (your own merit system) attached, <u>signed by Chief Financial Officer or Executive Officer.</u>	<input type="checkbox"/> Travel expenses covered by your own regulations.
<input type="checkbox"/> Time and Attendance Record (one copy per month per person on payroll) Attached. (State Merit System)	<input type="checkbox"/> Travel expenses in accordance with State regulations - .33 mile. Receipts for commercial travel attached.
<input type="checkbox"/> Payroll certified by your own merit system if not participating through State Merit System	<input type="checkbox"/> Travel claimed does <u>not</u> include expenses for attending FEMA sponsored courses.
<input type="checkbox"/> Rate of pay coincides with Merit System scale. (Applies to clerical personnel only)	<input type="checkbox"/> Out-of-State travel approved by State Office (prior to time of travel). Copy attached.
<input type="checkbox"/> Positions on payroll concur with Staffing Pattern.	<input type="checkbox"/> Lodging receipt showing name of motel, number of persons in room, duration of stay, receipt must show A0" balance, and room rate.
<input type="checkbox"/> No elected officials included on payroll.	<input type="checkbox"/> No invoices included for items eligible under F&E Program.
<input type="checkbox"/> One (1) copy of all invoices, vouchers etc., attached.	<input type="checkbox"/> Expenses in correct cost category (Personnel, Travel, All Other).
<input type="checkbox"/> Certification on <u>all</u> invoices.	
<input type="checkbox"/> Telephone charge identified as emergency management expenditure.	
<input type="checkbox"/> Special Along distance calls@ certification on telephone statements.	

Total Personnel \$ _____
Total Travel \$ _____
Total All Other \$ _____

TOTAL CLAIM \$ _____

Place an AX@ in box if included on claim, put ANA@ in box if not applicable. Each box must have a AX@ or ANA@. Any claim received without a checklist and all boxes marked will be returned without action.